## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 739360**

1. Corporation Name

THE CONSERVATIVE BAPTIST ASSOCIATION OF FLORIDA, INC.

Principal Place of Business 1208 110TH ST EAST **BRADENTON FL 34202-9346** 

Mailing Address

1208 110TH ST EAST **BRADENTON FL 34202-9346**  Apr 14, 1999 8:00 am § Secretary of State 04-14-1999 90020 017 \*\*\*\*70.00

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2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			06/15/1977			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number		lied For	
22		27		·	59-1856300		Applicable	
City & Stat	e -	City & State		· <u></u>	5. Certificate of Status Desired	\$8.75 Ad Fee Req		
Zip	Country	Zip	Country	/	6. Election Campaign Financing	\$5.00 N	vlay Be	
24	25	29	30		Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current				10. Name and Address of New Registere	d Agent		
			81	Name				
HADDICD	1870 1 1884 84		82	Street Adds	ress (P.O. Box Number is Not Acceptable)			
	WILLIAM M		04	Street Addi	ess (F.O. Box Number is Not Acceptable)			
1208 110			83	1				
RKADENI	ON FL 34202							
			84	City .	F	L 85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	s, the abov	e-named corp	oration submits this statement for the purpose	of changing its r	egistered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was aut	inorized by	tne corporation	on's board of directors. I hereby accept the app	iointment as reg	istered	
SIGNATURE				int signature require	d when reinstating) DATE			
12.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F D DIRECTORS	13.	in signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
	,	"- TORS DELETE	1.1 TITLE	V		Change	Addition	
TITLE	VPD	H DELETE			EYES, OMAR	,		
NAME	JOHNSON, GEORGE		1.2 NAME	7	1743 MESA VEROE DR		•	
STREET ADDRESS	101111111111111111111111111111111111111		1	WERLESS	,ST CLWO, FL			
CITY-ST-ZIP	VENICE FL		1.4 CITY-	ST-ZIP	101 CL00, 1L		☐ Addition	
TITLE	TDS	☐ DELETE	2.1 TITLE	<b>T</b>	JD .	Change	Magnon	
NAME	MORRISON, STANLEY		2.2 NAME	'		•		
STREET ADDRESS	5221 ORANGE BLOSSOM TRL		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY-	ST-ZIP				
TITLE _	PD -	☐ DELETE	3.1 TITLE		entry .	Change	Addition	
NAME	ANDERSON, LEONARD		3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORESS				
CITY-ST-ZIP	FORT MYERS FL		3.4. CITY-	1				
TITLE	D	☐ DELETE	4,1 TITLE			☐ Change	Addition	
NAME	HARRIER, WILLIAM	,	4. 2 NAME					
STREET ADDRESS	l			TADDRESS				
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-					
TITLE	JINDENTON L	☐ DELETE	5.1 TITLE	-		Change	Addition	
NAME		<u> </u>	5.2 NAME	17	Lener, Arthur		• •	
_				TADDRESS 6	05 APOLLO SCH BUD			
STREET ADDRESS		•	5.4 C(TY-	ST-ZIP	Lever, Arthur 205 Apollo Bencu Bluo Epollo Bencu Fl			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		THE TOTAL PARTY OF THE TOTAL PAR	☐ Change	Addition	
TRLE	1		6.2 NAME	ľ			٠.٠٠٠٠٠٠٠	
NAME								
STREET ADDRESS	1			TADORESS				
CITY-ST-ZIP	1		6.4 CITY-	ST-ZIP				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: